



Rhode Island Commission on Women

Position Paper on Access to Health Care

The Rhode Island Commission on Women is a non-partisan state agency committed to achieving full equity for women in all areas of life regardless of education, health, economic development, employment, legal rights, political participation, and the quality of individual and family life.

Problem

Despite recent improvement in access to health care for Rhode Island women, regular access to appropriate health care for a large number of low-income and minority women has not been attained.

Background

Studies demonstrate that virtually any American citizen in critical need is able to receive health services regardless of health insurance status. Providing universal access to appropriate health care on a regular basis is a greater challenge.

Primary health care – with its emphasis on health promotion, disease prevention, and recognition of the need for appropriate care across the life span of the patient – has been shown to be the most cost-effective and responsible means to achieve positive health outcomes. Primary care provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care serves as a gateway to appropriate services and the larger health care system.

Lack of health insurance often prevents individuals from receiving appropriate health care like primary care. While Rhode Island does better than the national average, a significant 6.2 percent of residents are uninsured with many more underinsured. Persons without coverage are less likely to have a usual source of health care, more likely to have an unmet health care need, and less likely to receive preventive care services. Nationally, in 1999, about one-third of uninsured women aged 18 to 64 did not see specialists when needed or fill prescriptions due to cost, compared with 7 and 10 percent of insured women. Those without insurance typically receive episodic service and usually through a hospital emergency room, a costly and often inappropriate option.

Employment status and household income largely influence access to health insurance. The unemployed are more likely to lack insurance. In 2000, unemployed persons nationwide were more than three times as likely to be uninsured (27.7 percent) as employed persons (8.4 percent). That same year, Rhode Island's unemployed population was 3.5 times more likely to be uninsured than the employed. The uninsured rate among people with annual household incomes of \$15,000-\$19,000 is nearly four times higher than those with incomes of \$50,000 or more in the state. In Rhode Island, 14 percent of women live in households with annual incomes below the federal poverty level as compared to 7 percent of the men.

However over 80 percent of uninsured Americans are part of a working family. The Institute of Medicine (IOM) states that Americans without health insurance receive less preventive care, live sicker, and die younger than other Americans. The working uninsured face additional potential consequences due to their lack of health insurance including decreased productivity, wage reductions, and diminished labor force participation. Lack of health insurance for employed workers increases health disparities by affecting racial and ethnic minorities disproportionately.

In recent years, Rhode Island has seen improvement in its percentage of residents with health insurance. The state

ranked first in the nation for health insurance coverage, with almost 94 percent of its population covered in 2000. The figures are better for women than men, but this is largely due to their child rearing responsibilities and positions as single heads of households. The rate of uninsured women in Rhode Island declined 40 percent from 1997 to 2000, while it has risen for men. Rhode Island is also ranked first in the nation for access to prenatal care. Only 1.4 percent of RI expectant mothers received no care or only third-trimester care in 1999, compared to 3.8 percent nationwide. The state's success has been credited largely to RItE Care, a statewide Medicaid managed care program. RItE Care's strong outreach health education and disease prevention programs and emphasis on primary health care have positively impacted the health of the state's low-income children and their families. Still, many Rhode Island women remain in need.

Health insurance coverage does not guarantee access to health services. Other barriers including socio-cultural, and language issues; lack of transportation; insufficient economic resources (particularly for prescription medications); and inadequate knowledge of how to navigate the health care system contribute to reducing women's access to health care. These issues are most prevalent among women living in poverty – particularly women of color, newly arrived immigrants and the elderly. Women of low income also are more likely to be single parents and have less education.

Proposal

The commission supports collaborations with primary care providers, community health centers and other community based health care facilities to better provide universal health care access to vulnerable women statewide. We are supportive of the two overarching goals of Healthy Rhode Island 2010 of eliminating health disparities and increasing the quality and years of healthy life for all of Rhode Island women and the expansion of the health care safety net on which women rely.

Recommendations

The Commission supports:

- An end to discrimination-engendered access to health care. This includes – but is not limited to – discrimination based on gender, race, ethnicity, socioeconomic status, sexual orientation, religion, language, age and marital status or health status. Increased racial, cultural and socioeconomic diversity in many health care professions could provide greater access to culturally relevant health care services and policies.
- A woman's right to actively participate in decisions affecting her health. Women should be able to choose the most appropriate health providers and course of treatment based on clear, accurate, culturally specific information.
- Continued efforts to sustain traditional safety net health care providers such as public hospitals, community health centers, and local health departments.
- Collaborations with primary care providers, community-based health centers, and related organizations as a way to achieve universal access to health care.

Collaboration with the state Office of Women's Health to promote these recommendations and support their implementation across departments/programs and within the community.

Citations

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